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ADVE						U. S. Pat	ent and I rac	1	k Office; U.S.		_	COMME
PATENT APPLICATION FEE DETERMINATION RECOR							Application or Docket Number 6680.055					
CLAIMS AS FILED - PART I (Column 1) (Column 2)							SMALL ENTITY			OR	OTHER T	
OR	<del>-</del>	NUN	NUMBER FILED			NUMBER EXTRA		TE	FEE		RATE	FEE
	SIC FEE CFR 1.16(a))								§ 375	OR		<u>\$</u> 0
TOT.	AL CLAIMS CFR 1.16(c))	92	min	us 20 =	* 72		x \$_9	_=	648	OR	x \$ 18 =	0
	EPENDENT CLA CFR 1.16(b))	AIMS 4	4 minus 3 =		* 1		x <u>42</u> =		42	OR	x <u>84</u> =	0
MULTIPLE DEPENDENT CLAIM PRESENT (37 CFR 1.16(d)) 0						+ 14	+ 140 = 0		OR	+ 280 =	0	
* If the difference in column 1 is less then zero, enter "0" in column 2							тот	TOTAL 1065		OR	TOTAL	0
CLAIMS AS AMENDED - PART II (Column 1) (Column 2) (Column 3)							SMALL ENTITY			OR	OTHER T SMALL E	
AMENDMENT A		CLAIMS REMAININ AFTER AMENDMEI		NU PREV	GHEST UMBER VIOUSLY ID FOR	PRESENT EXTRA	RA'	TE	ADDI- TIONAL FEE	OR	RATE	ADDI- TIONAI FEE
	Total (37 CFR 1.16(c))	* 92	Minus	** 9	2	= 0	x \$_9	=	0		x \$ <u>18</u> =	0
	Independent (37 CFR 1.16(b))	* 4	Minus	*** 4		= 0	x 42		0	OR OR	x 84 =	0
	FIRST PRESENTATION O		MULTIPLE DEPENDENT (		IT CLAIM (3	CLAIM (37 CFR 1.16(d))		)_=	0	OR	+ 280 <sub>=</sub>	0
(Column 1) (Column 2) (Column 3)							TOT ADDIT. F		0	OR <sub>A</sub>	TOTAL DDIT. FEE	0
AMENDMENT B		CLAIMS REMAININ AFTER AMENDMEI		NU PREV	GHEST JMBER /IOUSLY ID FOR	PRESENT EXTRA	RA	ГЕ	ADDI- TIONAL FEE		RATE	ADDI- TIONAI FEE
	Total (37 CFR 1.16(c))	*	Minus	**		=	x \$ 9	_=	0	OR	x \$ <u>18</u> =	0
	Independent (37 CFR 1.16(b))	*	Minus	***		=	x_42	_=	0	OR OR	x <u>84</u> =	0
		ENTATION OF	ON OF MULTIPLE DEPENDENT (			CLAIM (37 CFR 1.16(d))		) =	0	OR	+ 280 =	0
(Column 1) (Column 2) (Column 3)								TAL FEE	0	OR A	TOTAL DDIT. FEE	0
AMENDMENT C		CLAIMS REMAININ AFTER AMENDMEI		NL PRE\	GHEST JMBER VIOUSLY ID FOR	PRESENT EXTRA	RA	TE	ADDI- TIONAL FEE		RATE	ADDI- TIONAI FEE
	Total (37 CFR 1.16(c))	*	Minus	**		=	x \$ <u>9</u>	_=	0	OR	x \$ <u></u> =	0
	Independent (37 CFR 1.16(b))	*	Minus	***		=	x 42	_=	0	OR OR	x _84 =	0
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(d))						+ 14	0 =	0	OR	+ 280 =	0
* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.								OTAL FEE	0	ORA	TOTAL DDIT. FEE	0
** If	the "Highest Nur the "Highest Nur ie "Highest Numb	nber Previously	Paid For" IN TH	IS SPACE	is less than 3				te box in colu	mn 1.		